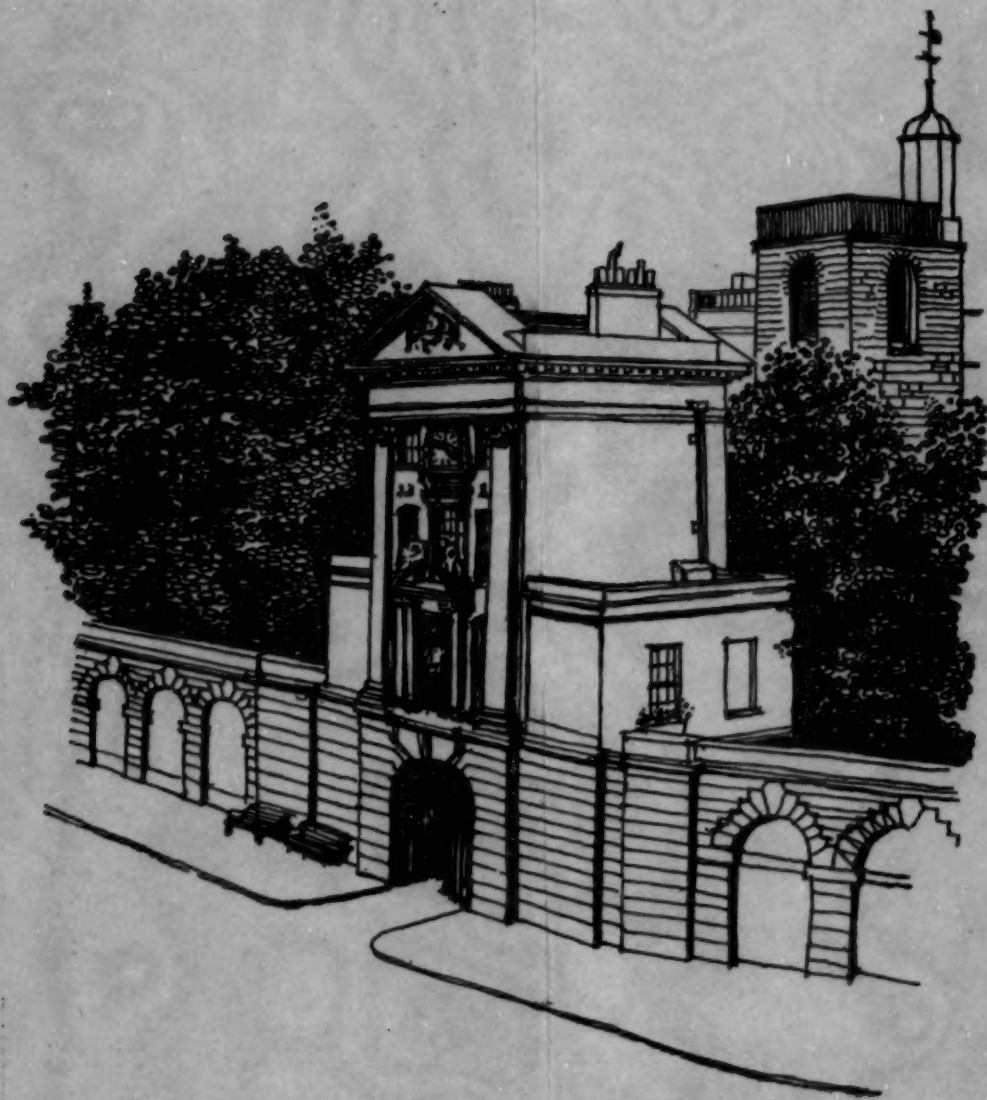


ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVIII

OCTOBER 1954

No 10

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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October, 1954

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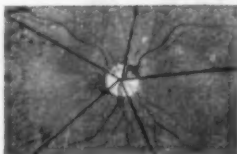
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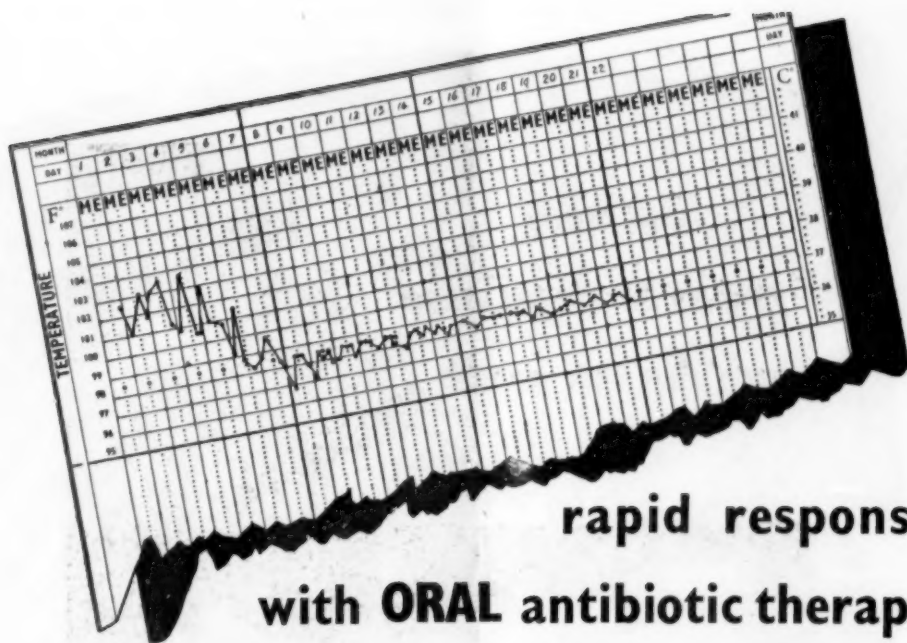
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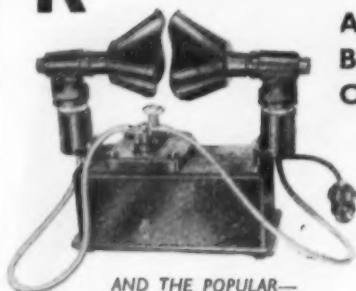
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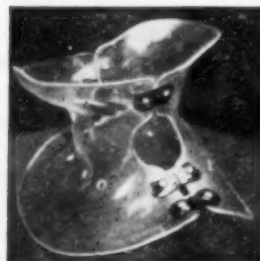
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Vol. LVIII.

OCTOBER 1954

No. 10

ON THE CULTIVATION OF WIT

With few exceptions good wit is universally appreciated. It relieves the doldrums of a modern existence, cheers the downhearted, and enables Hollywood to pay exorbitant salaries to Bob Hope and Danny Kaye: it is endemic to every walk of life, has played its part throughout known history: and as an anatomical footnote it is frequently responsible for the contraction of certain small facial muscles, paradoxically zygomaticus major and not risorius. Many a public figure has gained favour because of his wit. Rahere had to be funny to be famous and Bernard Shaw famous to be funny. Many a clinical lecturer has penetrated the mental barriers of his students by making wit his weapon of attack.

What it is that constitutes good wit is a subject that has puzzled many. The pun, the limerick, the ballad, the shaggy-dog story and the "quickie" have all had their day, and much tolerable wit can be heard in any of these forms today; but it is doubtful if they could induce in us the side-splitting laughter that we read they did in our ancestors. It could be that another, and as yet unthought-of form of wit, is on the threshold of our age, and is about to strike us as a hurricane does the east coast of America. There is, however, no evidence of this, and for the present, wit can only be considered as it is.

Bacon said that brevity was the soul of wit, and proceeded to write long, dull essays which appeal strongly to the morosely intellectual. Shakespeare and Dekker employed the pun, which must have attracted their audiences at the time, but which are largely of academic interest now. Although it may be mildly amusing it is futile to quote from the "Shoemakers Holiday" at a firm party, in an endeavour to liven up the proceedings. An ode by Thomas Hood might still be considered witty, but it has only a limited public. The satire of Byron: "When Bishop Berkley said there was no matter, 'twas no matter what he said" still has its appeal, but satire is not as generally appreciated now as it was a century and more ago.

The medical student of today is a person of mixed interests. He will appreciate music, drama, beauty or humour, and very often a combination of two or more of these. He will laugh at a good joke, but these are rare; in the event of a good "crack" being heard, it passes from mouth to mouth and boomerangs back on the originator. It is annoying to be in a group when a joke is being told and one of the number who has heard it before speaks up; "Oh, this is the one about it being ridiculous for a horse to play cricket, isn't it?" The whole point of the story is lost, a silence descends on everyone and the interrupter receives many icy looks from all sides. His only gambit then is to remark that "It wasn't very funny anyway—was it?" This further annoys the narrator who walks off in a bad temper, and much ill-will is felt all round.

Another type of interruption often heard is that from someone who knows the answer, but being thoughtful enough not to divulge it, is content with correcting the subject matter as it proceeds. He will, with a smug smile say, "When I heard this one it was about a pigeon and not a sparrow," for which he will receive the usual icy glare, and then follow up with, "Well, I suppose your way of telling it is just as good." At this stage there is an apparent drop in the environmental temperature, and the likelihood of a final laugh is minimised.

It has been said that wit shines only by reflection, and there would seem to be much in favour of this. A chance remark by a companion at the dinner table, followed quickly by a witty and relevant reply will often produce hearty laughter. Comments to suit the moment, which lose all humour out of context, seem to be both popular and reasonable. Spontaneous wit would seem to be taking the place of that which is meticulously prepared. It is worthy of cultivation by any profession or person.

The Persian Influence

Bart's being situated in the City, it is only fitting that Bart's students should take an interest in what goes on in the City. London as a whole seems to have been greatly moved by the discovery of a Roman temple on a bombed site. Opinions have been voiced by many as to the future of the find, and the Press has written short paragraphs about the sculptured anatomical fragments so far unearthed. Chief amongst these was the Head of Mithras. He has been described as one of the pagan gods whose birthday was celebrated on December 25th, a day subsequently fixed—although not proven—as the birthday of Christ. Mithras was the master over life and death in the old pagan world, and it is not surprising that temples were erected to his name. What is generally less well known is that Mithras had his origin in Persia and was merely a Roman import. It seems strange to think that seventeen hundred years ago, people in London should be worshipping a pagan Persian deity. A letter from the Journal's Archaeological Correspondent may be found in this edition.

Abernethian Society

On Tuesday, October 5th, the Abernethian Society was honoured by a visit from Mr. Kenneth Walker. Mr. Walker spoke to a large audience in the Great Hall, at the inaugural meeting of the year. His theme was "Progress," for being an old man, he said, it was possible for him to look back over many years and note the advances made in many fields of our knowledge. After warm applause a vote of thanks was given by Professor Sir James Paterson Ross, and this was seconded by the Dean.

Enthusiasm knows no Bounds

In spite of a very bad summer, winter has not been brought forward and the rugby season began at about the same time as in past years. This, however, did not prevent the members of the Rugby Club from practising regularly at Chislehurst on Wednesday and Saturday afternoons. It was realised that fitness is the key to success on the field, and with this in mind everyone embarked upon the strenuous run and exercises with an enthusiasm it would be hard to equal. It is to be hoped the keenness shown on the field will reap worthy results.

The "Hopping" Season

The Rugger Dance held at College Hall on Saturday, October 9th was the first of the winter's dances. It was an encouraging start to see so many obviously enjoying themselves in such a happy atmosphere. The band was satisfactory, but perhaps lacked the personality of Derek Pyke, who has so successfully animated previous dances.

It was evident from the sore feet, stiff legs—and even black eyes—that many of the men had played a hard game in the afternoon; however, with the support of the bar, and a host of attractive young ladies to spur them on, all thoughts of physical disability were consigned to limbo.

Out of the ordinary selection of waltzes and quicksteps was the Charleston Competition which was danced with all the gusto of the twenties and undoubtedly won by Mr. A. Lytton, admirably assisted by Nurse Arden.

It is to be hoped that this enjoyable dance will be the first of many this winter, and we look forward to the next.

Wessex Rahere Club.

The Autumn Dinner of the above Club will take place at The Grand Spa Hotel, Clifton, Bristol on Saturday 23rd October, 1954.

It is hoped that, as usual, a Member of the Staff will be present as Guest of Honour.

Membership of the Club is open to all Bart's men practising in the West Country. Further details will be circulated to Members and to any other Bart's men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman of 11, The Circus, Bath.

Bart's Dinner at Johannesburg

You may recall that I reported to you on the "Bart's" dinner held in Johannesburg last year.

The organisers of that dinner, Drs. John Gluckman and Ken Irving, again excelled themselves, when they had the "Bart's" dinner coincide with the visit of the Professor Michael Boyd of Manchester, who is out here lecturing under the auspices of the 'Visiting Lecturers Fund' of the Students Council of the University of the Witwatersrand.

The speeches, as usual, 'made' a very pleasant dinner and evening, attended by 26 doctors.

Mr. Turner, the doyen of Bart's men in the country, was "Chairman" and in his speech welcomed Professor Boyd, Major-General Orenstein, (who was D.M.S.S.A. during the war, and at one time Prof. Boyd's superior officer, judging from a joke made later by Prof. Boyd) and some Thomas' men, on whom we took 'pity' and invited to the dinner. The latter took the jokes made at their expense, in good part.

Professor Underwood, in his speech, made reference to the fact that outside the U.K., there were more Bart's men in S.A., than anywhere else in the world (quoting from a recent Journal). He then entertained us with anecdotes about Prof. Boyd when they were both at Bart's as students, Professor Boyd followed, and his dry humour helped to turn the tables on Prof. Underwood.

Incidentally, I think it was Prof. Boyd who pointed out that Bart's Staff dinners, when held in London, were like those here, held at the Langham Hotel. (The coincidence was, I believe, purely fortuitous.)

Mr. Krige, one of our leading Gynaecologists, made his usual hilarious speech, punctuated by frequent references to his coined phrase of last year's dinner, "Barts is Bo" (meaning Bart's is tops, translated freely). He also made it clear that the only way to success was "S.O.B.", which he assured us, did not mean "Silly Old B----", but referred to the institutions which were lucky enough to have been graced by his presence, namely, Stellenbosh, Oxford and Bart's. His one lovely crack of the evening, worthy of a mention in "Readers Digest" "picturesque Speech" was the following story:—

He walked into his consulting rooms one morning, and was approached by a lady waiting for him. As she spoke, he put on his most magnificent gynaecological smile, which was wiped off his face fairly quickly, by her asking him if he was Dr. Krige, the "VAGinacologist".

Yours sincerely,
Leslie Levy.

A letter to a G.P.

(An exact copy; but the G.P.'s name was not X----.)

— COMPLAINT —

Have for quite some time suffered with stomachache (about 12 months).

It always seemed to act with weather has corns ect.

When it was going to rain or weather changed; I got sort of bowl movement pain, of which past off has weather broke.

Well bowls were open then, & had no trouble able to eat. Of which I was very poor it is true could have neglected myself that way but trouble in home caused this.

Well I slept well & felt fit so never worried

Until this complaint overpowered me on July 5th 1954.

I was really run down strain at work standing all day with no seat to rest when I could this may of weakened stomache.

I was depressed & very heavy & constipated slightly not sleeping well not eating right.

Went to doctor, of whom will give record card.

Dr. X--- was on holiday see temperry relief.

He examined me put it down to Fibrositis gave me medicine. This I took for three days but no sign of change.

Went back to dr doctor because I felt so out of salts.

He told me to carry on with medicine & take a walk this I did around park I sat down on seat and within half an hour I was shivering all over my teeth was chattering. I did no more than go home & go to bed I sweated very heavy during sleep next morning felt weak next night same happened.

I went to Dr still same he changed medicine took. this.

Two days after went to open bowls has I thought but instedd only blood came.

I, went to doctors again this time it was Dr. S. X--- back again I explained my case.

He examd me sent me to St Marks Hospital for piles

Here I recieved treatment & came away.

I was still depressed & bowls was not open at all for a week.

Went to Dr X --- again he changed white emulsion to liquid parafin, & also gave me medicine for wind.

Well it is now August 2nd & still have pains.

August 7th still have pains cant sleep only dose now and again.

Will see doctor again has he opens Monday Aug 9th (unless of course?)

Fri still weak pain in stomache has though short winded or eaten too much this cannot be because I dont feel like eat too much Thursday all day.

Piece of cheese slice bread

Tabioca pudding

Friday piece of cheese blackcurrant tart.

Sat two saugages slice of bread stormy weather not helping.

◆ ◆ ◆



Head of Bacchus in situ as found in rubble.

A letter to the Editor about the Discovery of Roman remains in the Hospital precincts ; with photographs.

Dear Sir,

While digging beneath the Hospital Refectory this summer, I chanced upon an original Roman Caupona* (tipple-house or ale-cellar), which on further investigation yielded up this magnificent head of young Bacchus (see photo). A happy coincidence to be situated so close to the original " Vicarage " !

In view of recent publicity given to the discovery of a Roman temple in London, I deemed it necessary to bring this to your notice, with the following recommendations :—

1. That in order to preserve our archaeological treasure for posterity, the Refectory — and indeed the whole block above it — must surely be pulled down forthwith.

2. That the Caupona should be restored, and what could be more fitting than that it should be restored in function, as well as appearance ; so that once again this site may reverberate with the rituals of the worshippers of that god, and one may hear the long lost summons, " Come for a quick poculum† before lunch."

I am, Sir, Yours, etc.,

Your Archaeological Correspondent.

* Caupona = Wine cellar.

† Poculum = Wine glass.



Head of Bacchus

Sometimes one can't help feeling that



Surgical Exploration needs a more traditional atmosphere



. and Block Dissection was thought of a long time ago



. and patients with trigger finger don't live up to one's expectations

Marriages

MILLARD — FLENLEY. — On Saturday, September 11, at St. Chads, Poulton-le-Fylde, Dr. John Leslie Millard and Miss Margaret Kathleen Flenley.

SIR ARCHIBALD McINDOE to MRS. CONSTANCE BELCHEM on Saturday, July 31st.

Change of Address

DR. ALBERT B. COOK, M.B.E., Lynton, Brook Lane, Oldham, Lancs.

DR. L. WOODHOUSE PRICE to 3, Upper Wimpole Street, W.1.

MR. PERCY HALL, since June 24th, 1954, to 50, Bickenhall Mansions, Gloucester Place, W.1.

LORD HORDER to 45, Nottingham Place, London, W.1. Telephone unchanged (WEL 2200).

Births

ROBINS.—To Shirley, wife of Robert H. C. Robins, F.R.C.S., a daughter, Elizabeth Mary, on August 29th, 1954.

ROXBURGH.—To Angela, wife of Dr. R. C. Roxburgh, a daughter, on July 14th, 1954.

Deaths

CONNOR, Sir Frank Powell. Died August 9th, 1954, age 76 years. Qualified 1901.

MACMAHON, Cortlandt. Died July 30th, age 79 years. Instructor for speech defects and breathing exercises at St. Bartholomew's Hospital, 1911-39. Governor of the Hospital from 1940.

STEVENS, Henry. Died August 3rd, 1954. Qualified 1928.

AWARDS, DEGREES, Etc.**Royal College of Physicians**

CAMPBELL, Dr. E. D. R., awarded the Murchison Scholarship.

K. J. FRANKLIN, F. H. K. GREEN, A. WHITE FRANKLIN, GEOFFREY KEYNES, elected to the Library Committee.

Royal College of Surgeons*Hunterian Professorships.*

STALLARD, H. B., one lecture on retinoblastoma treated by radon seeds and radium discs.

ATKINSON, W. J., one lecture on the early management of head injuries.

POTTER, J. McE., one lecture on Angiomatous malformations of the brain: their nature and prognosis.

Arris and Gale Lecture.

KEYNES, Dr. W. M., one lecture on the anatomy and surgery of the supravescical fossa.

Erasmus Wilson Demonstrationship.

LUMB, George D.

KINMONTH, T. B. Appointed to the university chair of Surgery at St. Thomas' Hospital Medical School.

HARRISON, Dr. R. J., Reader in Anatomy at London Hospital Medical College, appointed to the university chair of Anatomy at that College.

West London Medico-Chirurgical Society

THROWER, Dr. W. R., Elected President for the year.

POTTER, Dr. J. McE., Elected to E. G. Fearnside's Scholarship for 1954.

Cambridge University

ROXBURGH, R. C. — M.D.

WANTED.

The complete set of FLETCHER ENGRAVINGS of St. Bart's Hospital, offered in 1953. Enquiries to Journal office.

A CASE OF INTRA THORACIC GOITRE

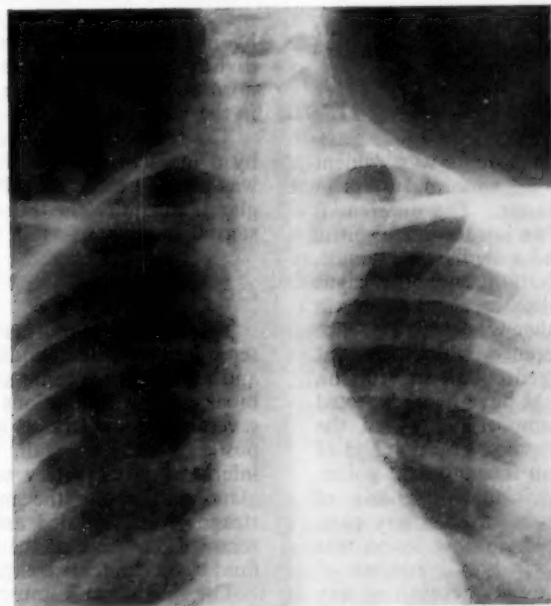
by M. J. TURNER

Case History

The patient was a married woman of 34 years, who had worked for two years as a counter-clerk in a post office. She did not complain of any symptoms, but she was admitted to Hospital on account of a lesion at the base of the neck and in the thoracic inlet, which had been discovered by Mass Radiography in May, 1954. She felt perfectly well, and denied any symptoms of thyroid dysfunction. There was no cough, dyspnoea, dysphagia, or constant change in the voice, though sometimes this was husky. Her general health had always been good and there was no family history of goitre.

Examination showed a woman of healthy appearance, with no evidence of hyper- or hypo-thyroidism. The larynx was central, but the trachea deviated to the right as it was traced downwards, and deep to the lower end of the left sternomastoid muscle, above

the clavicle, there was an indefinite "fullness", which became larger when she coughed, but was unaffected by swallowing. This indefinite swelling did not pulsate. There was dullness to percussion over the manubrium sterni, and it seemed that this area of impaired resonance was convex below. On auscultation a systolic bruit could be heard above the left clavicle; there was no such bruit on the right side. The thyroid gland was not easily palpable and did not appear enlarged. The heart was normal; the pulse was regular (rate 90/min.) and the volume was equal in each radial artery. The b.p. was 125/80. The neck veins were not engorged, neither were there obviously enlarged veins on the anterior chest wall. Indirect laryngoscopy showed normal movement of the vocal cords. Complete examination of all systems did not reveal any abnormality. Both lateral and





antero-posterior X-rays of the patient's neck and upper thorax are shown below. A dense, oval shadow is seen in the superior mediastinum. The trachea is deviated to the right, and is slightly compressed in its antero-posterior diameter.

Diagnosis

From the clinical picture it was evident that this woman had an abnormal mass in her superior mediastinum. The differential diagnosis lay between an intrathoracic goitre, an aortic aneurysm and a mediastinal tumor. In the absence of pulsation, and other signs of cardio-vascular disease, an aneurysm seemed unlikely; neither was there evidence of circulatory interference with the great vessels (such as enlarged collateral veins on the chest wall) as might have been expected with a mediastinal tumour. However, the lesion was in the anticipated situation and of a suitable shape for an intrathoracic goitre, and therefore a provisional diagnosis of retrosternal goitre was made. In any case, operation was indicated, for the lesion was potentially dangerous, in that symptoms of tracheal compression might develop at any time.

Operation

Kocher's transverse incision was made in the lower part of the neck. The sternohyoid and sterno-thyroid muscles were divided. The thyroid gland appeared almost normal, apart from a small calcified nodule in the left lobe.

The trachea was pushed over to the right by a mass of isolated thyroid tissue, which was placed behind the left lobe of the thyroid gland, and stretched down into the retrosternal space.

Procedure

This mass of abnormal thyroid tissue was separated from surrounding connective tissue and removed. It came away fairly easily by breaking down adhesions with the finger, but several vascular strands reached back to the posterior thoracic wall, although the main inferior thyroid artery went to the thyroid gland and not to the mass. The vascular strands were ligated and divided. During removal, the edge of the mass ruptured, and fluid cystic contents escaped.

The infrahyoid muscles were repaired, and a drain was inserted into the retrosternal

space. The wound was closed by rejoining the platysma with cat-gut sutures and applying skin clips. The patient was returned to the ward in good condition.

Pathology Report—Naked Eye Appearance

The specimen weighed 80 grams, and consisted of a portion of tissue which looked like thyroid, of roughly oval shape. The surface was somewhat lobulated, measuring 6 cm. in its long diameter. On section, the mass showed degenerate thyroid tissue surrounded by a fibrous capsule. There were many areas of old and recent haemorrhage and lipoidal degeneration, and areas of fibrosis with calcification and cystic change. In the more normal-looking peripheral portion, there was also a number of small nodules.

Histology

All sections confirmed the macroscopic description and were typical of nodular goitre.

Comment

That an ordinary goitre dips by its poles into the thorax occurs quite frequently (i.e. in about 20% of goitres). True intrathoracic goitre, with little or no sign of cervical enlargement, is much rarer (about 1% of goitres). Fifty per cent. of patients with intrathoracic goitres, observed in a series at Cleveland Clinic, showed signs of toxicity. True exophthalmic goitres, however, very rarely become intrathoracic.

The great majority of intrathoracic goitres have been at one time cervical, and then "dropped through" into the thorax owing to:—

- (a) the effect of gravity,
- (b) the arrangement of the fascial planes of the neck, which tend to prevent forward expansion of the goitre, and to guide it downwards behind the sternum,
- (c) coughing and swallowing movements, which are said to facilitate the downward progression of the goitre.

It often happens that there is a gradual separation of the intrathoracic portion from the main body of the gland, by constriction and attenuation of the connecting tissues, leaving a thin pedicle, containing a leash of vessels from the inferior thyroid artery. In this, the commonest type of intrathoracic goitre, there is definitely a connection with the parent gland in the neck, though this may be anything from a thin vascular strand to direct parenchymatous continuity with the cervical thyroid.

This patient's intrathoracic goitre was unusual in that it showed no obvious connection with the thyroid gland. Even its blood supply was derived from small local vascular channels and not from the main thyroid vessels.

The origin of such an intrathoracic goitre is not very clear. There are two main possibilities which would account for the presence of ectopic thyroid tissue in the neck or thorax. It may be a metastasis from a small and unsuspected primary carcinoma in the thyroid itself; on the other hand it may be derived from congenitally aberrant thyroid tissue, which has been lodged in an abnormal site from birth.

It is certain that both of these eventualities do in fact occur. In this particular case, however, the section of the specimen after removal showed no evidence of malignancy. We must therefore conclude that it was either a portion of a nodular goitre in the neck which had sunk down into the thorax from the parent gland, and ultimately had lost its connection with the original gland, except for small insignificant strands; or else, that it was a true ectopic thyroid mass, which had been present from birth, but which had only become clinically obvious by undergoing those degenerative goitrous changes to which all thyroid tissue is subject. If the latter explanation is true, then this woman's particular type of goitre is very rare; on looking into the literature, references to about 20 such cases were found.

AUTHOR'S FOOTNOTE.

I would like to take this opportunity of thanking all those of St. Bartholomew's Hospital, who made possible the exchange visit of four students from Bristol during the summer months. On behalf of those of us

who were privileged to come to Bart's, may I say how much we appreciated the kindness which was everywhere shown to us, both in the hospital wards and in the College Hall. For every one of us it has been a most memorable visit.

SIR BENJAMIN THOMPSON COUNT VON RUMFORD.

PHYSICIST, PHILANTHROPIST AND PUBLIC HEALTH PIONEER.

by W. R. BETT, M.R.C.S., L.R.C.P., F.S.A.(SCOT).

BENJAMIN THOMPSON, better known as Count Rumford, the bicentenary of whose birth occurred last year, at one stage in his distinguished and versatile career toyed with the idea of becoming a doctor. It is idle, but fascinating to speculate on the extent of the loss to our profession when his inquiring mind and his abundant energies were diverted into other paths. There is no question, however, that the possible loss to clinical medicine was richly compensated by his remarkable contributions to public health and hygiene. His inventive genius found expression in many successful practical innovations designed to improve living conditions for mankind. We have recently had a grim reminder that smoke abatement is still denied its rightful place as an urgent public health measure. Rumford was a pioneer of smokeless heating systems and also lavished much time on the improvement of cooking apparatus. In the realm of pure science his work was original and fruitful. He exerted a great influence on other men of science and played a noble part in stimulating research. For all that he was a very human person who neglected no opportunity for his own advancement and cultivated to perfection the fine art of ingratiating himself with men of position.

* * *

EARLY DAYS

Benjamin Thompson was born on March 26, 1753, on his grandfather's farm at North Woburn in Massachusetts. His father died in the following year, and his mother soon remarried. From his earliest youth the boy, for whose support and education the grandfather had left a small sum of money, was capricious and scattered his energies. At the age of fourteen he was apprenticed to a Salem storekeeper, who dealt in British goods. In his spare time he studied algebra, geometry, and astronomy with a local clergyman, played the fiddle well, and dabbled in

experiments ranging from an enquiry into perpetual motion to making fireworks. Like all good inventors he once endangered his life through an accidental explosion.

In 1771, Thompson began to study medicine with Dr. John Hay of Woburn, and to attend the lectures at Harvard of John Winthrop, astronomer and physicist, and the foremost American scientist of the time. By the following year, however, he had evidently lost interest in medicine, for we find him teaching in a school at Rumford—later named Concord—in New Hampshire. Marriage to a wealthy widow in November 1772 was responsible for another change: for two years he farmed his wife's land, but continued his experiments with gunpowder, which had an extraordinary fascination for him all his life. The marriage was not a success, and the couple separated in 1775.

Then came the Revolutionary War. Thompson was neither pro- nor anti-British in his sympathies, but through obligation to Governor Wentworth, who had given him a commission in the 2nd Provincial Regiment of New Hampshire, he found himself committed to the Loyalist cause. Twice charged with 'being unfriendly to the cause of Liberty', he was on both occasions acquitted through lack of evidence. His application for a commission in Washington's army having been refused, he joined the British side and eventually reached London in a British ship. His handsome appearance and ingratiating manners quickly won him a position in the Colonial Office and the secure post of secretary to the Province of Georgia. He seemed to have had ample leisure for scientific pursuits, for he continued his work on gunpowder and sent a paper on cohesion of bodies to the Royal Society, of which he was elected a fellow in 1779 at the early age of twenty-six. After serving in America as a Lieutenant-Colonel in the British Army during 1781-3, he returned to England and retired from active service on half-pay.

* * *

COUNT OF THE HOLY ROMAN EMPIRE

On a European tour in September 1783 he impressed His Most Serene Highness the Elector Palatine, Reigning Duke of Bavaria, so favourably that he was invited to enter his service in a joint military and civil capacity. Having received the sanction of the King of England, as well as a knighthood, he settled in Munich and was promptly made a colonel of cavalry and general aide-de-camp. By 1788 he had risen to the rank of major-general, privy councillor of state, and head of the war department; three years later he was created a Count of the Holy Roman Empire, and chose the title Count von Rumford, from the old name of Concord in New Hampshire. This honour was well deserved, for his enlightened views and administrative talents changed beyond recognition the living conditions of the people. He

To provide the people with a place where they could spend their leisure in healthy and beautiful surroundings, he converted a tract of waste land into the fine "English Garden," where, on his return to England, the city erected a monument to him as a token of its gratitude.

Although fully occupied, Rumford's interest in science remained undimmed: he still experimented with gunpowder, and also attempted to discover the nature of heat in the local munition workshop. Realizing that a heated body does not sensibly weigh more, and not less, than a cold one, he began to think of heat as a motion rather than a material substance.

While visiting England in 1795, Rumford renewed old friendships and presented communications before the Royal Society. The first volume of his "Essays, political,



THE RUMFORD MEDALS (and overleaf)

raised the standard of feeding, clothing and housing of the soldiers and taught them the right use of leisure. Establishing workhouses and making it possible for every one to obtain plentiful supplies of cheap, wholesome food, he succeeded in ridding Munich of its beggars and vagabonds. "To make vicious and abandoned people happy," he wrote at that time, "it has generally been supposed necessary first to make them virtuous. But why not reverse this order? Why not make them first happy and then virtuous?"

economical, and philosophical" appeared in the following year. He also visited Ireland, where he introduced a number of reforms in workhouses and hospitals and even installed a steam-heating system in a church. His ideas for better methods of heating and cooking aroused enthusiastic interest in England, the smokeless fireplaces designed by him finding a place in the home of Lord Palmerston, Sir Joseph Banks, and the Marquis of Salisbury. The "Rumford Roasters" also became very popular in this country as well as in America.

THE RUMFORD MEDALS

Count Rumford's great and abiding interest in the subjects of heat and light was reflected in his gifts to the Royal Society and to the American Academy of Arts and Sciences. To the Royal Society he gave £1,000 on condition that the interest thereon was used for two medals, one of gold and one of silver, for "the most important discovery, or useful improvement . . . in any part of Europe during the preceding two years, on Heat or on Light; the preference always being given to such discoveries as shall, in the opinion of the President and Council, tend most to promote the good of mankind." In 1802 the Society made the first award of the medal to its founder "for

Britain was incorporated, owing its birth to his *Proposals for forming by Subscription, in the Metropolis of the British Empire, a Public Institution for diffusing the Knowledge and facilitating the general Introduction of useful Mechanical Inventions and Improvements, and for teaching, by courses of Philosophical Lectures and Experiments, the Application of Science to the Common Purposes of Life.* Rumford supervised the construction of the building in Albemarle Street, acted for a time as secretary, and periodically quarrelled with the managers, for, inclined to be dictatorial, he was not in the habit of taking counsel from others. This trait of his is strikingly depicted in Peter Pindar's lines:—



THE RUMFORD MEDALS

his various discoveries on the subject of heat and light." A gift of \$5,000 to the American Academy of Arts and Sciences was to be used to reward discoveries in the same fields by American scientists.

Appointed Envoy Extraordinary and Minister Plenipotentiary from Bavaria to the Court of Great Britain in 1798, Rumford again returned to England from Munich, only to find the King refusing to accredit a British subject as a foreign minister. He remained in London, where he occupied himself with humanitarian and scientific activities. In 1800 the Royal Institution of Great

"But what an insolence in me to prate,
Pretend to him to open Wisdom's gate,
Who spurns advice, like weeds,
where'er it springs,
Disdaining counsel, though it comes
from Kings."

In 1801 Rumford revisited Munich and helped to found the Bavarian Academy of Arts and Sciences.

★ ★ ★

"THAT TYRANNICAL, AVARICIOUS, UNFEELING WOMAN"

In October 1805, the Count married Madame Lavoisier, widow of the illustrious chemist, but his second matrimonial venture was also destined to prove a failure, for he discovered too late that his wife and he "are totally unlike, and never ought to have thought of marrying." While he found delight in flowers and tranquillity, Madame was fond of society, "especially that of agreeable, well-informed persons." Although he had no objection to "dinners of philosophers," the tea-parties were enough to kill him. An amicable separation on June 30, 1809, relieved him from "an almost insupportable burden . . . Oh! happy, thrice happy, am I to be my own man again!"

Intending to spend the remainder of his days in retirement and in philosophical pursuits, Rumford went with his daughter to Auteuil, near Paris, where he continued to dabble in science. One of the problems which engaged him at this time was the respective merits of broad and narrow wheels. His studies on the traction of the two varieties led him to prefer the broad-rimmed wheel, and his carriage was the only one in Paris so equipped. He also developed his calorimeter and photometer. Even the homely art of coffee-making came within his orbit, and in a work entitled "Of the excellent qualities of coffee, and the art of making it in the highest perfection" (1812), he described the advantages of the drip coffee pot.

Count Rumford died at Auteuil on August 21, 1814, of "a nervous fever." A bequest to Harvard College specified lectures and experiments to demonstrate the utility of the physical and mathematical sciences for improvement of the useful arts. Its general

purpose "the extension of the industry, prosperity, happiness, and well-being of Society" is a fair summary of Rumford's conception of the application of the sciences to the betterment of mankind.

THE MAN

Count Rumford was a handsome man, about six feet in height, with striking features, bright blue eyes, and dark auburn hair. Paradoxically, although his polished manners and fascinating ways instantly attracted men and women, his life appears to have been utterly devoid of any friendships. He possessed abundant energy and an essentially practical outlook, which went well with his scientific knowledge. He liked to play billiards against himself and was fond of chess, which, however, "made his feet like ice and his head like fire." Himself a good draughtsman, he drew his own designs and showed excellent taste in landscape gardening. In later life he was very abstemious, which, according to the prejudices of the day, reduced his strength and undermined his resistance in his last illness.

Over two hundred years after his birth let us think of Benjamin Count of Rumford, Knight of the Orders of the White Eagle and St. Stanislaus, as the great Cuvier thought of him in the *éloge* read before the French Institute on January 9, 1815: as one who "by the happy choice of his subjects as well as by his work had earned for himself both the esteem of the wise and the gratitude of the unfortunate."

References

- G. E. Ellis (1876): "Memoir of Sir Benjamin Thompson, Count Rumford," London.
 Bence Jones (1871): "The Royal Institution: its founder and its first professors," London.

A CASE OF ACUTE PUERPERAL INVERSION OF THE UTERUS

R. W. BEARD

According to Munro Kerr, acute inversion of the uterus occurs only once in 17,000 normal deliveries, but it is a condition which may be seen by most practitioners at some time and is therefore of importance. The mortality is terrifyingly high (between 23% to 80% in different series) and prompt treatment must always be the rule.

Case:

Mrs. W., aged 21 years, had a poor obstetric history. Her first child (7lb. 7ozs.) was a normal delivery but 3½ weeks later the doctor had been called in to find her shocked (B.P. 50/?) having had a severe vaginal haemorrhage. "Plasmosan" drip infusion was set up and her condition improved. She was taken to hospital where a retained fragment of placenta was removed from the uterus. She was discharged on "Ferrivenin" injections because of secondary anaemia.

The second pregnancy terminated by the normal delivery of a healthy infant in hospital (weight 7lb. 8ozs.). In view of this uneventful course the patient requested that the third delivery might be conducted at home (a dilapidated cottage with a very small bedroom).

August 22nd, 1954 (1 a.m.)

The midwife arrived at the onset of labour. After a short first stage the baby was born normally. The placenta, however, remained obstinately adherent and the patient was rapidly losing blood per vaginam. The midwife attempted a Cr  d   expression of the placenta which failed. Medical aid was then summoned.

(4 a.m.)

The doctor, on arrival, found the patient severely shocked and exsanguinated, suffering from air hunger and considerable lower abdominal pain. The uterus on palpation, though central was just below the pelvic brim. The patient's condition improved when a "Plasmosan" drip was set up.

Vaginal examination showed the inverted uterus with the placenta attached lying in the vagina. The placenta was removed, and an apparently successful attempt was made to return the uterus through the cervix;

Ergometrine was then given intra-muscularly to prevent a recurrence of the inversion, but on re-inspection the uterus was found to be still inverted in the vagina, and tightly grasped by the now contracted cervix.
(6.30 a.m.)

A consultant obstetrician was called, and under light chloroform anaesthesia, an attempt was made to reduce the inversion manually. This attempt failed, and the patient was then transferred some 20 miles to hospital.

(9.30 a.m.)

On admission to hospital the patient's condition was one of extreme shock. She was very pale, the pulse was faint and the blood-pressure unrecordable. There was no bleeding. A crater-like depression of the uterus was easily palpable abdominally. The patient was getting intermittent uterine contractions and "pushing down," thereby making the inversion worse if anything. A "Dextran" infusion was set up followed by blood transfusion, and morphia (gr.   ) was given.

(10 a.m.)

The initial shock having been to some extent overcome, an attempt was made to return the uterus by the hydrostatic pressure method (O'Sullivan, 1945). The uterus was pushed well up into the abdominal cavity by the hydrostatic pressure but failed to resume its normal position.

(12.30 p.m.)

The patient's condition began to deteriorate, and it was decided to perform immediate laparotomy.

(1 p.m.)

The abdomen was opened by a midline sub-umbilical incision, under general anaesthesia. The uterus was seen lying on the pelvic floor with the ovaries and Fallopian tubes drawn into the fundal depression. Lane's forceps were applied to the uterine wall to the sides of the depressed uterus, and, by prolonged gentle traction, combined with pressure through the peritoneum, around the vagina, the uterine fundus slowly emerged, and resumed its normal shape, thus overcoming the inversion.

The patient's condition improved slightly following the operation. Penicillin (500,000 Units) were administered and during the afternoon 3 pints of blood were transfused. The haemoglobin was 49%. Following this the patient made an uneventful recovery after a five-day course of Penicillin (500,000 units 8-hourly).

Discussion.

The usual aetiological factors concerned in uterine inversion are (i) cord traction before placental separation, and (ii) over-zealous attempts at Crédé's expression of the placenta.

In the case described it was probably the latter which, in unskilled hands, resulted in this dangerous, and unusual complication of labour. Manual removal of the placenta, indicated by post-partum haemorrhage prior to a forceful attempt at Crédé's expression, would have avoided the condition.

In this case there was some evidence of unusual adherence of the placenta, substantiated by a history of a retained portion of placenta giving rise to complications in the first labour (1951). Mayes (1947) considers that in the majority of cases in which inversion occurs a rapid labour (under four hours) is a predisposing factor. Dewhurst and Bevis (1951) consider that when shock is present resuscitation before uterine reposition is of prime importance; however, if shock has not set in the uterus should be replaced without delay.

In the case described the administration of ergometrine was a serious complicating factor and the above authors feel that in this condition it is dangerous, predisposing to re-inversion where full reposition has not been attained.

Methods employed of repositioning the uterus in the described case were (i) Manual (ii) Hydrostatic, and (iii) Operative. The second method has been so favourably reported on since O'Sullivan's description (1945) that it was tried for some time in this

case. However, the cervix proved to be too tightly constricted to effect reduction and operation was undertaken as a last resort.

Regarding future confinements, it would seem that the patient would be best cared for in hospital. O'Sullivan reports a case in which acute uterine inversion occurred in two successive pregnancies; possibly, when the patient is fit enough, and desires more children, consideration should be given to an operation designed to prevent re-inversion, such as ventro-suspension. If the patient is approaching the menopause and already has a large family subsequent sterilisation might well be considered.

Conclusion.

The presenting symptom here was severe shock. Dewhurst and Bevis report a case where despite the uterus being replaced manually almost immediately after it had inverted, severe shock followed. It seems probable that shock is not due to exsanguination, but to some other cause, possibly tension in the broad ligament transmitted to the ovarian splanchnic nerves. Uterine haemorrhage, and lower abdominal pain were both early features of the case which abated later on. A combination of abdominal palpation of a crater-like depression of the uterus (Stander) and a vaginal examination confirmed the diagnosis.

Author's Note.

I am indebted to Mr. A. P. Bentall, under whom the case was admitted, for his kind permission to publish the report. I wish to express my grateful acknowledgment to Dr. E. M. Southern, and Dr. D. Dickie.

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FAINTING WITH COMPLETE UNCONSCIOUSNESS DUE TO LOW BLOOD PRESSURE.

by BERNARD MYERS, C.M.G., M.D., C.M., F.R.C.P.

Dr. Bernard Myers has always had a low blood pressure associated with complete unconsciousness on several occasions. According to Sir John Parkinson this is a rare combination—and he suggested that Dr. Myers' experiences might be written up. Hence this article.

Briefly, up to the age of fifty-three my systolic blood pressure varied from 92 to 98 although on rare occasions lower still, and my diastolic from 68 to 72; the pulse pressure varying from 20 to 30 m.m.

At the age of fifty-four when working one evening after dinner in my garden I felt a little faint but continued hoping to finish the job in hand that night. Suddenly I felt worse but was able to walk slowly inside the house where I fainted and was completely unconscious for the first time in my life. I was informed that I remained unconscious for three or four minutes, then sat down, and shortly afterwards was able to walk unaided to my room. After a good night's sleep I got up next morning feeling quite myself again. No headache or twitchings were present before or after the faint.

Two similar attacks of fainting with unconsciousness occurred during the next four years and in each instance the attack followed undue exertion — once after mounting stairs too quickly and in the other case whilst playing a game of croquet.

When I reached the age of sixty I went on a tour of the Austrian Tyrol with my daughter and enjoyed good health until on one occasion we had to wait one and a half hours for a train without being able to obtain refreshment during the wait. When at last the train arrived I was not feeling very sure of myself but determined to board the train which meant walking over the rail lines and then ascending the high coach. Immediately I got on board I fainted and remembered no more until I came to and found myself on a table of the waiting room where I was attended by some of the staff. I had no symptoms then except perhaps a little tiredness. They told me I had been carried

from the coach to the waiting room by passengers. Apparently the unconsciousness lasted about ten minutes. A few minutes later my daughter and I were able to walk to an hotel nearby. Previous to the arrival of the train at the station I felt my pulse and found it fast and feeble, being only just palpable. After recovery at the station waiting room it soon improved and within an hour it was normal again.

At sixty my systolic pressure commenced to rise—first to 100, then gradually to 110. During the last ten years my systolic pressure has reached 118 to 128, but never exceeded the latter figure; the diastolic pressure remains at 68 to 72, the pulse pressure thus increasing to my advantage. There have not been any more faints but on several occasions I had to go slow and sit down to rest. That was specially the case when I travelled to hot countries and tropical places.

Well do I remember in my school days running on to the rugby field feeling full of energy, but that only lasted for some ten minutes as then I was simply unable to keep up with the scrum; taking it easy for a few minutes I quite recovered and could continue for a time. In boxing, swimming, wrestling and track running the same trouble always presented itself. Continued effort was too much for me. I could run the 100 yards without effort but the last 80 yards of the 220 seemed gruelling and the 440 was completely beyond my possibilities. If I read a book for more than an hour I was apprehensive of feeling faint.

About the year 1901 or perhaps 1902 I was present at the meeting in London when Professor Koch — the discoverer of the tubercle bacillus — stated that he did not believe the bovine bacillus of tuberculosis affected human beings. Lord Lister, who presided, called on Professor Sims Woodhead of Cambridge to reply and he stated that if one single case of bovine tuberculosis affecting a child could be established, it would disprove Professor Koch's contention.

He then gave details of a case of bovine tuberculosis affecting a boy in which absolute proof was available. I submit that likewise one case of complete unconsciousness occurring in a faint due to low blood pressure proves conclusively that it can be accepted as an established fact.

I might mention that one of my daughters with similar blood pressure to mine was unconscious when she fainted after being brought into her garden at the commencement of convalescence following a severe attack of chicken-pox.

SO TO SPEAK . . .

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And in what way is this patient peculiar?

Well, Sir, she says she only wants to see you!

SPORT

CRICKET

SUSSEX TOUR

Barts v. Hurstpierpoint C.C.

Sunday, August 1. Match won. Hurstpierpoint 94, Bart's 98-6 (A. Murley 46).

Barts v. St. Andrews C.C.

Monday, August 2. Match lost. St. Andrews 180-8 dec. (A.C.S. Bloomer 3-30). Bart's 114 (J. R. Nicholson 44).

Barts v. Rottingdean C.C.

Tuesday, August 3. Match drawn. Rottingdean 204-9 dec. (F. D. C. Ford 5-69). Bart's 169-9 (P. V. Rycroft 67, J. Mellows 34).

Barts v. Littlehampton C.C.

Wednesday, August 4. Match lost. Bart's 76 (A. P. Marks 30). Littlehampton 77-3.

Barts v. Barcombe C.C.

Thursday, August 5. Match won. Barcombe 106 (F. Winton 7-26). Bart's 107-8 (J. R. Nicholson 50).

St. Bartholomew's Hospital C.C. v.

Bromley C.C.

Sunday, August 15. Match lost. Bromley 170-6 dec. (A. C. S. Bloomer 4-53). Bart's 53.

LAWN TENNIS

The Lawn Tennis Club had an unfortunate season which was spoilt by bad weather. Rain caused cancellation of many matches and others had to be played on damp courts and were often interrupted by showers.

The first team won six matches, lost four and five were cancelled.

The second team won three, lost one and five were cancelled, not all of these due to rain as in two occasions it was impossible to raise a side.

The season started badly, as in our first match against Westminster Hospital in the London University Cup we were rather surprisingly beaten 5—4 although two of our regular players were absent.

In the Hospitals Cup we reached the semi-finals, where we were beaten 8—1 by St. Thomas's. This was a disappointing performance, but St. Thomas's were a steadier all-round side.

Unfortunately a new fixture v. Roehampton which we had keenly looked forward to, was rained off, as also was the Staff match, which is always a most enjoyable fixture.

In the Hospital competitions there was a good entry, and the finals were played at Chislehurst on July 24th. In the singles W. J. Walton beat W. S. S. Mackay 6—4, 6—4, and this was followed by the doubles final in which P. J. Burrows and W. J. Walton, who had received a series of easy victories to the final, beat J. W. Mellows and W. S. S. Mackay 6—2, 6—3.

These finals were followed by a mixed doubles competition in which 11 pairs played and all had a most enjoyable afternoon's tennis. In the final P. J. Burrows and Miss R. M. Matthews beat W. S. S. Mackay and Miss E. Cooper.

BOAT CLUB

Metropolitan Regatta Wyfold Fours, semi-final, lost to Molesey B.C. 31.

It was not possible to retain the Henley Four and this crew was rather scratch. Molesey won the event easily.

Molesey Regatta: 1st round—bye; 2nd round—lost to London R.C. This was a much better race, and the steering was good. The London crew were half their first eight, and dead-heated in the final. Crew: B. P. Harrold, bow, Steers; 2 D. Fairbairn, 3 C. N. Hudson; D. A. Chamberlain, stroke.

Congratulations to J. F. G. Pigott on being selected to row stroke in London R.C. 1st VIII in these regattas.

Norwich Regatta Junior Fours: 1st heat, beat Norwich A.R., 3½ l.; 2nd heat, lost to Pembroke Martlets B.C., easily, who won the event. Crew: R. I. Simpson, bow; 2 G. D. Langham, 3 R. P. Doherty; T. P. Ormerod, stroke; M. G. Kiely, cox.

Annual General Meeting. The following officers were elected:—

President: Prof. L. P. Garrod.

Vice-Presidents: Mr. O. S. Tubbs, Dr. A. W. Spence, Dr. M. Donaldson, Prof. K. J. Franklin, Prof. A. Wormald, Mr. J. H. M. Ward, Dr. J. H. Coulson, Dr. E. F. Scowen, Dr. R. C. King, Dr. A. G. S. Bailey and Dr. J. C. M. Currie.

Captain: D. A. Chamberlain.

Secretary: B. P. Harrold.

Treasurer: R. L. Rothwell-Jackson.

Committee: C. N. Hudson, C. C. H. Dale, A. J. Ellison.

The U.H. Winter Regatta for small boats is on November 17th followed by the dinner to which all old members are welcome. Please write to the Secretary.

SKI CLUB

Zermatt 1955

The Ski Club look forward to another successful party in Zermatt during the last two weeks of January next year. We have provisionally booked 25 places at the Hotel Dom, and have been assured of the same rates for the hotel, ski instruction, and lifts, as last year.

We welcome all members of the Hospital—students and staff—and remind them that they may bring guests unconnected with Bart's or medicine, for a small entrance fee.

Dates—January 15th—29th.

Travel—3rd Class Rail, from Victoria.

Cost—£38 (approx.) inclusive.

Write to: The Secretary, The Ski Club, c/o Abernethian Room.

CATHOLIC SOCIETY

A large congregation of staff, students and nurses was present at St. Etheldreda's Church, Ely Place, E.C.1 when Evening Mass was celebrated on Tuesday, August 24, the Feast of St. Bartholomew. The celebrant and preacher was Mgr. G. A. Tomlinson, M.A., Chaplain to the Catholic students at London University.

It was a special occasion as it was the first time that a St. Bartholomew's Day Evening Mass had been attended by the Catholics of the Hospital, who propose to make it an annual event.

One can only suppose he's reading . . .



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BOOK REVIEWS

Isotopic Tracers. By G. E. Francis, W. Mulligan and A. Wormall. Published by The University of London, Athlone Press, 1954, p.298. Price 37s. 6d.

There seem to be definite stages in the application of a new scientific technique of importance. First a prospective Nobel Prize winner thinks of it, works it out and lays its foundation. Secondly, an esoteric circle of colleagues and research fellows from abroad and overseas receives instruction and new nuclei are set up on their return. The technique then invades different branches of science, and *Nature* in this country and *Science* in the U.S.A. bring weekly new reports on the application to yet another special problem. *Comptes rendus*, *Naturwissenschaften* and many other journals join in the chorus. Learned monographs become necessary to make the scattered information available. From being a research tool the new technique becomes a routine measure and in Medicine usually the pathologists have to add new equipment to their collection of elaborate apparatus. Luckily at this juncture the extended use makes the manufacture

of equipment more economical—a fact which by itself speeds the expansion. Courses are arranged for post-graduates, and soon the technique becomes part of undergraduate teaching. There is usually some shaking of heads and instructions are at first arranged only at institutions not afraid to be labelled "highbrow." But what is highbrow today is commonplace tomorrow. The writer still suffers from the severity of his teachers who 25 years ago considered the spikes of the electrocardiogram a mystery fit to be taught only to the initiated. This book carries forward the use of isotopic tracers to nearly the last stage of the spreading of a new technique. It is called a theoretical and practical manual for biological students and research workers.

The chemical nature of an element depends on the number of electrons, weightless negative charges forming the outer shell of the planetary microcosm each atom represents. The electrons⁻ correspond in number to the protons⁺ in the nucleus. Atoms carry in addition in their nucleus \pm neutrons which have no electrical charge but have the same weight as a proton. The chemical nature

(electron shell) will thus not be altered by the number of neutrons in an atom, but as these neutrons have the same mass as a proton they will influence the atomic weight. Atoms which are identical chemically but which according to the number of neutrons differ in their "atomic weight" are called isotopes. Thus the hydrogen atom consists of one proton and one electron, the chemically identical deuterium contains a neutron in the nucleus and has therefore twice the atomic weight of hydrogen. Hydrogen and deuterium are isotopes. Some proton-neutron combinations are stable, in others protons and neutrons are changed into each other. The neutral neutron \pm can become a proton $^+$ plus an electron $^-$ in which case a different element is formed, or a proton $^+$ can combine with an electron $^-$ to form a neutron \pm , alternatively it can lose its electric charge and become a neutron, the released charge being called a positron $^+$. These nuclear transmutations are accompanied by energy changes and usually result in the production of electro-magnetic waves: X rays or gamma rays, beta particles (electrons or positrons) or by expulsion of nuclear mass, the alpha particles. Unstable atoms can be detected by apparatus recording such emissions, their effect on photographic plates, their ionisation of gases, as in the Geiger counter, and their capacity to produce light flashes when meeting certain solids as in the scintillation counter.

Stable isotopes can only be recognised or measured by determining their mass. Thus the percentage of deuterium in water (D_2O in H_2O) can be measured by the rate of fall of a small drop of water through an immiscible solvent of specific gravity below 1, or by the mass spectrometer in which a gas containing the isotopic mixture is analysed for the number of atoms per sample.

As isotopes have identical chemical properties, the body does not differentiate between them and they can be used as labels attached to a molecule whose fate in the body can then be traced. It is of course necessary that this label remains as firmly attached as possible. Glycine containing heavy nitrogen (^{15}N) can be fed to animals and its part in the formation of the haemoglobin molecule can be studied, casein containing ^{32}P can be isolated from the milk after injection of inorganic phosphate into lactating animals.

There appears no limit to the use to which this labelling technique can be put in the study of intermediary metabolism. Radioactive iodine can be injected into patients with malignant tumours of the thyroid and although innocuous as far as the whole body is concerned, it will accumulate in the thyroid tissues and reach multiple metastases producing a therapeutic effect. Red cells of a patient can be labelled with an isotope and re-injected and their life span can be measured by following the rate of disappearance of the tracer from the circulating blood. The excretion of elements can be studied by separating the urinary components in a chromatogram or if the elements are attached to proteins by paper electrophoresis and the excretion product can be found by scanning the chromatogram or the filter paper with a Geiger counter. Biochemists, physiologists, clinicians all have increasingly found the use of isotopes helpful and even necessary.

The Biochemical Department of St. Bartholomew's Hospital was the first in Europe and possibly in the world to devise a course on the application of radioactive tracers in biochemistry and medicine, and recently Professor Wormall was invited to Brazil to organise the first similar course in Latin America. In the preface of the book the word "isotope enthusiast" is coined, and all who have experienced the inspiring impact of Professor Wormall and his colleagues will know to whom this "label" must be affixed in the first place and from where a great deal of valuable work in this country and abroad could be "traced." The foreword is written by Hevesy who introduced the use of isotopic tracers in biology. He compares the stimulus of Professor Wormall's and his colleagues' pioneer course with that on radioactivity held by Geiger and Makower in Rutherford's laboratory at Manchester in the early years of the second decade of this century and this present volume with Makower's and Geiger's "Practical Measurements in Radio-Activity."

There are 192 pages of "Theoretical Considerations" which all, even those not intending to work with isotopes, may want to read if they wish to get a clear idea of atomic structure and the use of isotopes. On the following 41 pages six basic exercises are described: the use of Geiger counters, the



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determination of ^{15}N in an inorganic sample, the incorporation of ^{32}P into developing hen eggs, the calculation of circulating red cell and blood volumes after injection of ^{32}P labelled cells, the metabolism of ^{131}I trace-labelled proteins and the study of the reaction of an antibody with a trace-labelled antigen. This last experiment is of course based on the fundamental contribution to this problem which the writers of this book have made together with T.E. Banks.

On six further pages various experiments are discussed such as chromatography of ^{131}I containing urines, localisation of ^{131}I in the thyroid gland, determination of "half life," the time in which 50 per cent. of an unstable isotope have lost their activity. The laboratory worker will particularly appreciate the key references at the end of each chapter and the Appendix of 30 pages with a table of physical characteristics of isotopes of biological interest, a glossary and definitions, details of certain relevant biochemical procedures, statistical considerations and last but not least a 64-times Table to help with the counting when instruments are used which record only every 64th impulse.

The authors themselves point out that a book of this kind cannot be up to date at the present stage of rapid development in this field. The decatron, recording impulses in multiples of 10 instead of in multiples of 64, is replacing the more old-fashioned counters, and one looks in vain for details of radioactive chromium labelling of red cells, a technique which has revolutionised the work on and the knowledge of, the life span of red cells in various haemolytic anaemias. Future editions will have to keep the book up to date. However, there will never be a need to improve on the preface. Those who know Professor Wormald and his colleagues will particularly delight in "Our hope is that this book will serve as a practical manual to be used more frequently in the laboratory than in the library. We shall be gratified, and we shall consider that our main object has been achieved, if many of the copies acquire the well-used and stained appearance which is usually one of the hall-marks of a useful laboratory handbook and which results from contact with chemical fumes and bench polish."

H. LEHMANN.

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PROGRESS IN CLINICAL SURGERY by Various Authors, Edited by Rodney Smith, M.S., F.R.C.S. J. & A. Churchill Ltd., London, W.1. 1954, pp. 414. 36s.

Mr. Rodney Smith is to be congratulated on the compilation of this book. He has chosen his contributors well, their names being authoritative in the subjects chosen for them. It is a book which has been written as a supplement to, rather than a replacement of, a standard text book on Clinical Surgery. As stated in the Preface, the author tries to spotlight surgical progress in the last ten or fifteen years.

It is a most readable book and well produced. St. Bartholomew's Hospital is well represented, there being a chapter on portal hypertension by Mr. Alan Hunt while Mr. Tuckwell writes on the surgical treatment of hypertension. It brings us up-to-date in advanced surgical procedures such as are carried out for cancer of the pharynx, respiratory and cardiac surgery and peripheral vascular diseases. These subjects are all dealt with at some length and may appear rather specialised for a book of four hundred pages, but they keep the General Surgeon up-to-date.

The chapter on Stomach and Duodenum appears a little too standardised and will no doubt be revised in the light of views expressed recently on the comparison of Billroth I and the Polya type of operation.

In connection with the Thyroid Gland, some reference might have been made to the problem of Exophthalmos. The Pancreas and the Spleen are well covered by the author and the chapter in Infections and Injuries to the Hand are practical.

To sum up, the book is excellent and would be of great interest to the keen practising surgeon, as well as of great value to the advanced student seeking higher degrees.

R. S. CORBETT.

THE HISTORY OF ST. MARY'S HOSPITAL MEDICAL SCHOOL, or a century of medical education, by Zachary Cope. William Heinemann, 1954, Pp.x, 257, 26 plates. 25s.

Several histories of hospitals have been published in book form since the war, but this must be the first volume ever devoted entirely to a London medical school. Issued in the centenary year of St. Mary's Hospital Medical School, it is written by an eminent surgeon who has been intimately associated with the School for over fifty years. Sir Zachary Cope has thus witnessed the development of St. Mary's during half of its existence, and although his name is modestly withheld from both text and index, he has obviously greatly enhanced the reputation of the Hospital throughout his professional career.

The book records the origin and development of the School under the various deans, the growth of specialism, and the development of the Inoculation Department, while information regarding the eminent men who have served the School is recorded in brief biographies located in a separate section.

It is of interest to note that several of these personalities have also been associated with Bart's, including E. H. Kettle, Sir Bernard Spilsbury, S. R. Douglas, J. E. S. Frazer, W. J. Gow, J. H. Gray, A. Matthiessen, G. H. Orton, Walter Pye, W. J. Russell and H. S. Smith. A list of the staff since 1854, a roll of honour, and a good index complete this well-illustrated book, which is, bibliographically, a well-produced volume.

Although not intended as a fully documented history of the Medical School, this book is authoritative and of absorbing interest. It represents a useful contribution to the history of medical education in London, and might well serve as a model for similar histories of other medical schools.

JOHN L. THORNTON.

CARDIOGRAPHY by Evans. 2nd Edition. Published by Messrs. Butterworth and Co. Price 45s. net.

This book fulfils a definite need and places the emphasis on cardiography and phonocardiography designed for the examination candidate and general physician rather than the cardiologist. As such it is excellent. It is perhaps unfortunate that the author persists in describing the bipolar (CR) rather than the unipolar (V) chest leads. These latter are now the more widely employed, and although the use of two different methods of recording praecordial leads is theoretically desirable, it is in practice liable to cause confusion.

The first part of the book is devoted to the detailed description of normal and abnormal electrocardiograms. The approach is essentially clinical and it is rightly emphasised that the tracings should always be considered in the light of the patients' symptoms and signs. Theoretical and technical aspects are not discussed. There is no mention of ventricular paroxysmal tachycardia. This is an important omission—particularly in view of the fact that treatment of this condition differs from that of the supraventricular varieties. The reviewer would not agree that an electrocardiogram is essential for the diagnosis of hypertension, especially as the author later states that in spite of severe hypertension paroxysmal in kind, found in phaeochromocytoma, the cardiogram may remain normal. The term adrenal neoplasm is used rather loosely. The chapter on cardiac infarction is very helpful—of particular interest are the varieties of S-T depression met with in patients complaining of cardiac pain as a result of restricted infarction. The section on electrocardiograms closes with a stimulating selection of test tracings.

The second and smaller part of the book dealing with phonocardiography is of less practical value but is nevertheless very interesting. The composition of the heart sounds is described and a classification and explanation of the four types of triple rhythm is presented. The chapter on heart murmurs is worthy of close study.

This is a practical handbook of electro cardiographic interpretation of electrocardiograms within the reach of all. The illustrations are excellent and the complete absence of references is refreshing.

F. KING.

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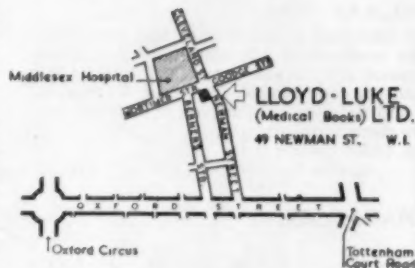
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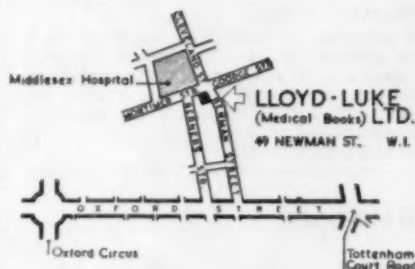
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